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Attorney Docket Number 24193.00 **DECLARATION FOR UTILITY OR** Michael B. Stennicke First Named Inventor **DESIGN** PATENT APPLICATION (37 CFR 1.63) X D

teclaration submitted vith Initial	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

COMPLETE IF KNOWN							
Application Number							
Filing Date							
Group Art Unit							
Examiner Name							

As a below numed									
As a below numed inventor, I heratry declare that:									
My residence, post office address, and chizenship are as stated below next to my name.									
t believe I am the or	riginal, first and	sole inventor (If only	y one name is listed below)	or an original, fi	ret and joint inver	itor (if plural			
			claimed and for which a pe		the invention en	filled.			
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i hereby state that it	have reviewed a	nd understand the	contents of the above iden	tified specificatio	n, including the c	eims, as			
amended by any am	•								
I acknowledge the du	uty to disclose in	formation which is	material to patentability as	defined in 37 CF	R 1.56.				
I heraby claim foreign	priority benefit	s under 35 U.S.C.	t 19(a)-(d) or 365(b) of a sal at betanging the high	ny foreign applic	ation(s) for pates	nt or inventor's			
America, listed below:	and heve also id	tentified below, by	checking the box, any forei	ion application to	r palent or invent	ors certificate,			
or of any PCT internal	or of any PCT international application having a filing date before that of the application on which priority is claimed.								
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[Page 1 of 2]

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Name	DECLAR	RATION		Utility	or D	esigr	Pater	nt A	ppl	icatio	n
U.S. Parent Application or PCT Parent Number Parent Filling Date (MM/DD/YYY)											
Additional U.S. or PCT international application numbers are tisted on a supplemental priority data sheet PTO/SB/028 stitsched hereto. As a named inventor, I hereby appoint the following registered precisioner(a) to prosecute this application and to transect all business in the Patent of Trademark Office connected therewish: Customer Number	U.S. Parer	et Application	n or F	PCT Parent	1	Parent Fi	ling Date	1	Paren	t Patent Ni	nwaer i
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Name Number Number Michael I. Wolfson William H. Dippert R. Lewis Gable Additional registered practitioner(s) issued on supplemental Registered Practitions; information sheet PTO/SB/02C stached hereto. Direct all correspondence to: Customer Number or Bar Code Label R. Lewis Gable Cowan, Liebowritz & Latman, P.C. Address City New York State NY PR 1133 Avenue of the Americas City New York State NY PR 10036-6799 Country USA Telephone T	and trademark Once on	NECESIAL PERSONAL.		OR		me/registra	ion number list	led below			
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William H. Dippert R. Lewis Gable 22,479 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C stracted hereto. Direct all correspondence to: Customer Number or Bar Code Label R. Lewis Gable Cowan, Liebowitz & Latman, P.C. Address Cowan, Liebowitz & Latman, P.C. Address 1133 Avenue of the Americas City New York State NY ZiP 10036-6799 Country USA Telephone (212) 790-9200 Fsx (212) 575-0671 I humby declare that all statements made herein of my own knowledge are true and that all statements made on information and belef are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are practicable by fine or impronoment, or both, under 18 U.S.C. 1001 and that such willful false statements may leopardize the validity of the application or any palant issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if smyl) Family Name or Sumand STENNICKE Inventor's Signature Reakdenca: City State Country Country Country Catrizenelly Danish							Mark Mo	ntaque			
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Direct all correspondence to: Customer Number or Bar Code Label R. Lewis Gable R. Lewis Gable Cowan, Liebowitz & Latman, P.C. Address City New York State NY PR 10036-6799 Country USA Telephone (212) 790-9200 Fixx (212) 575-0671 I hereby decisire that all statements made herein of my own knowledge are true and that all statements and the life so made are believed to be true; and further that these statements were made with the knowledge that willful false statements and the life so made are application or any palant issued thereon. Name of Sole or First Inventor: Given Name (first and middle lif anyl) A petition has been filed for this unsigned inventor Given Name (first and middle lif anyl) Family Name or Sumane Stignature Realdence: City Realdence: City Country Cuttzernehip Danish	Additional majoritary	nerelities sels) se		o eurodemental Re	relistered F	Practitioner i	of mustlen she	et PTO/S	B/02C	ettached here	ło,
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supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto